

Case Number:	CM15-0203232		
Date Assigned:	11/18/2015	Date of Injury:	10/31/2013
Decision Date:	12/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on 10-31-13. The documentation on 9-8-14 injured worker has complaints of left shoulder pain with a pain level of 7-8 out of 10, sharp, aching, stabbing and throbbing. There is tenderness and limited range of motion and positive pain on internal and external rotation and cannot elevate the arm over the shoulder. The diagnoses have included pain in joint shoulder region. Treatment to date has included rotator cuff surgery times 2 on the left last on May 2014 and right shoulder surgery; physical therapy had 24 sessions in August 2014 thru November 2014; home exercise program; injection therapy and medications. The original utilization review (10-7-15) modified the request for physical therapy for the left shoulder 3 times a week for 6 weeks to physical therapy for the left shoulder 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the left shoulder 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with moderate, frequent shoulder pain radiating into the arms/back, rated 8/10 with clicking, locking, popping, grinding, stiffness, stabbing pain, and weakness. The treater has asked for PHYSICAL THERAPY FOR THE LEFT SHOULDER 3 TIMES A WEEK FOR 6 WEEKS on 9/10/15. The patient's diagnoses per request for authorization dated 9/23/15 are left shoulder, and pain/stiffness. The patient is s/p left shoulder arthroscopy with acromioplasty, debridement, Mumford procedure, and open rotator cuff repair from 6/12/02, s/p left shoulder arthroscopy with revision acromioplasty, debridement, and placement of pain catheter from 8/8/03, and s/p another left shoulder arthroscopy with revision acromioplasty, debridement including synovectomy, bursectomy and excision of scar tissue from 5/28/14 according to the 6/30/15 report. The diagnosis is left shoulder pain and muscle atrophy, and loss of motion left shoulder per 6/30/15 report. The shoulder pain is worsened with activity, in the morning, during the day, night, and upon waking per 9/10/15 report. The patient's pain is improved with use of heat, and use of pain medications per 9/10/15 report. The patient is currently taking Tramadol and Zorralax per 9/10/15 report. The patient is temporarily totally disabled as of 9/10/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Shoulder pg. 26, 27 states: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per requesting 9/10/15 report, the treater states that the physical therapy has not been approved by his insurance we will re-request authorization for additional physical therapy. The patient is s/p 24 sessions of physical therapy which occurred from August 2014 to November 2014, and described as better in terms of effectiveness according to the 6/9/15 progress report. There is no evidence of subsequent physical therapy between November 2014 and the requesting progress report dated 9/10/15. The patient is currently doing a home exercise program per 6/9/15 report. Per utilization review letter dated 10/7/15, the request for additional therapy is denied as guidelines do not recommend passive therapy. In this case, the patient has had 24 physical therapy sessions with benefit but is outside the MTUS postoperative physical medicine treatment period of 6 months. MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for a course of 18 sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.